		FOR TOWN OFFICIAL REVIEW & SIGNATURES
PROPERTY LOCATION / STREET ADDRE	iss / 901 S	TORRS RUAD
To the second se		AGENT SECTION
In reviewing and approving provisions have been met:	any application fo	r a permit, the Town officer shall determine that the following
1 ''	ns have been met or /A Appro	varied by the modification process.
	OTHE	R APPROVALS REQUIRED
		ith local inland Wetlands, Health District and Public Works required and any conditions of approval shall be incorporated into
		ECTOR IF CUTTING OR FILL IS 12" OR GREATER**
DIRECTOR OF HEALTH	DATE	COMMENTS
INLAND WETLAND AGENT	DATE	COMMENTS
DIRECTOR OF PUBLIC WORKS	DATE	COMMENTS
☐ Approved as submited Approved with modited ☐ Denied.  The following comments, co	tted.  ification or condition  andition(s) of appro	ere attached to or referenced on this form, the permit has been:  ons as stated below.  oval or reason(s) for denial apply:
AUTHORIZED AGENT: SIGN	ATURE 151	1re DATE 8/9/17

